

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/21/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 337019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/27/2011
NAME OF PROVIDER OR SUPPLIER VNA OF ALBANY, SARATOGA, RENSSELAER CHHA			STREET ADDRESS, CITY, STATE, ZIP CODE 35 COLVIN AVENUE ALBANY, NY 12206		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
G 000	INITIAL COMMENTS	G 000			
G 224	<p>484.36(c)(1) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE</p> <p>Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews with the Nursing Supervisor the agency failed to ensure that aides' plan of care are complete and document written aide instruction for specific patient needs. This was evident in three out of three clinical records (Patient # 1, 2 and 3) receiving home health aide services. Failure to ensure that aides receive complete written instruction when providing care to patients has the potential for patients to receive negligent care and places patients at risk for poor outcomes.</p> <p>Findings include:</p> <p>Patient # 1 (start of care 05/20/11) has diagnoses of Anoxic Brain Damage and Burns with multiple grafting. The "Home Health Certification and Plan</p>	G 224			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G 224	<p>Continued From page 1</p> <p>of Treatment" (POT) for the certification period 07/19/11 through 09/16/11 states "Thickened liquids, nectar thick dysphagia II diet, bleeding precautions, fall precautions, sensory loss precautions, seizure precautions. The "Paraprofessional Care Plan" (aide care plan) dated 07/19/11 lacks documentation of these precautions or the need for a special diet.</p> <p>The Skilled Nursing visit note dated 07/27/11 contains documentation that the patient had resumed smoking. The aide care plan was not updated to reflect this change.</p> <p>Patient # 2 (start of care 03/11/11) has diagnoses of COPD (chronic obstructive pulmonary disease), Diabetes and history of frequent falls. The POT for the certification period 07/09/11 through 09/06/11 states "fall precautions". The aide care plan dated 07/23/11 lacks documentation of this precaution.</p> <p>Patient # 3 (start of care 07/13/11) has diagnoses of Lower Leg Ulcer and Diabetes. The POT for the certification period 07/13/11 through 09/10/11 states "fall precautions and seizure precautions". The aide plan of care dated 07/13/11 lacks documentation of these precautions.</p> <p>All findings were reviewed with the Nursing Supervisors and Administrator on 09/27/11; no additional evidence was provided.</p>	G 224			

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G 224	<p>484.36(c)(1) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE</p> <p>Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews with the Nursing Supervisor the agency failed to ensure that aides' plan of care are complete and document written aide instruction for specific patient needs. This was evident in three out of three clinical records (Patient # 1, 2 and 3) receiving home health aide services. Failure to ensure that aides receive complete written instruction when providing care to patients has the potential for patients to receive negligent care and places patients at risk for poor outcomes.</p> <p>Findings include:</p> <p>Patient # 1 (start of care 05/20/11) has diagnoses of Anoxic Brain Damage and Burns with multiple grafting. The "Home Health Certification and Plan</p>	G 224	<p>1) The Patient Service Manager will review the records with the appropriate clinicians and review HHA Care Plan documentation standards</p> <p>2) The Patient Service Manager will review the clinical process on developing a paraprofessional care plan with clinical staff</p> <p>3) The Patient Service Managers will incorporate review of Paraprofessional care plans in record audits and complete 8 audits per month. Compliance goal is 85%</p>	<p>Oct. 21</p> <p>Nov 4</p> <p>November and ongoing</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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 CEO 10/14/11

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10/12/11 POC accepted

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